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ABSTRACT

This volume of newsletters reports on the activities and research projects of the National Resource Center on Native American Aging located at the University of North Dakota, Grand Forks. The Center studies health issues and access problems facing American Indian, Alaska Native, and Native Hawaiian elders. Specifically, the resource center was developed to provide training and technical assistance to health and social service professionals who work with Native American elders; to conduct research on pertinent Native American elder issues; to facilitate training programs regarding curricular sensitivity to Native American elders; and to develop a national dissemination strategy for training materials, research findings, and resource center activities. Newsletters consist of correspondence from the center's director overviewing center activities, profiles of resource center staff, information on upcoming conferences and training programs, descriptions of training and technical assistance programs developed by staff, and research projects initiated by resource center staff. Examples of training programs developed by staff include a geriatric leadership project and a cultural sensitivity training program. Research projects initiated by the center have examined the utilization of health care services among older Native Americans, the access and utilization of formal and informal caregiving services for older Native Americans, and the incidence of lower-extremity amputations among older Native Americans. (LP)

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Native Aging Visions

A Resource for Native Elders

A Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 1 Fall 1994

ED 410 070

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Welcome to *Native Aging Visions*, the inaugural newsletter of the new National Resource Center on Native American Aging located at the University of North Dakota, Grand Forks.

The National Resource Center on Native American Aging will study health issues and access problems facing American Indian, Alaskan Native, and Native Hawaiian elders. The resource center is the result of a Cooperative Agreement from the Administration on Aging, United States Department of Health and Human Services.

The National Resource Center on Native American Aging is under the direction of Leigh Jeanotte, a member of the Chippewa Nation. The effort at UND is a collaboration between the UND Office of Native American Programs, the UND Center for Rural Health, and the UND Resource Center on Gerontology. The resource center will be subcontracting work with ALU LIKE, Inc., a Title VI provider serving elder Hawaiian Natives throughout Hawaii.

Leigh Jeanotte, Ed.D.
Director

The resource center will:

- Provide educational training and technical assistance to health and social service professionals who work with Native American elders.
- Conduct research on pertinent Native American elder issues.
- Facilitate educational training programs regarding curricular sensitivity to Native American elders.
- Develop a national dissemination strategy for training materials, research findings, and resource center activities.

A unique feature of the resource center will be its collaboration with many of the nation's tribal colleges. The resource center is proposing to establish a visiting "Fellows Program" where faculty from tribal colleges can spend up to six weeks working with the research and education faculty at the University of North Dakota.

During the first year of operation, the National Resource Center on Native American Aging will also create a Native American Geriatric Leadership Training Program for service providers, establish a toll-free (800) technical assistance line for health care and social service providers', develop orientation curricula for Title VI and other health and social service workers, conduct several research projects, and establish a national clearinghouse on Native American aging.

With one of the nation's largest enrollments of Native American students, the University of North Dakota has a long-standing tradition of service to Native Americans. The National Resource Center on Native American Aging will continue this tradition of leadership and service to Native Americans and their communities.

We hope you find *Native Aging Visions* useful and informative. If you have comments or suggestions for future issues, please let us know.

- Leigh Jeanotte

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Native Aging Visions is supported by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

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Meet the Staff

Leigh Jeanotte, Ed.D., serves as **Director** of the National Resource Center on Native American Aging. A Chippewa, Dr. Jeanotte received a B.S. in Elementary Education, M.Ed. in School Administration, and Ed.D. in Education Administration from the University of North Dakota (UND). Jeanotte is currently the assistant to the vice president for student affairs for Native American Programs at UND.

Alan Allery, M.H.A., serves as **Project Coordinator** for the resource center. Mr. Allery received his M.H.A. in Hospital and Health Care Administration from the University of Minnesota, Minneapolis. He is currently a grant writer for the UND Office of Native American Programs. He is a member of the Chippewa Nation.

Marlys Bratteli, M.S.W., Director of Training and Technical Assistance for the resource center, received her B.S. in social work from UND and her master's in social work at the University of Wisconsin, Madison. She is currently serving as the Executive Director of the Resource Center on Gerontology.

Jack Geller, Ph.D., serves the resource center as **Research Director**. Dr. Geller received his B.S. in Sociology from Montana State University, Bozeman, his M.S. in Rural Sociology at the University of Arkansas, Fayetteville, and Ph.D. in Rural Sociology at Iowa State University, Ames. His responsibilities include overseeing all research aspects of the National Resource Center on Native American Aging's activities. Dr. Geller serves as director of the UND Center for Rural Health.

Andrew Ziner, Ph.D., Principal Investigator, is responsible for the Native American Elder-Care Panel Study. Dr. Ziner received a B.A. in Social Science and a M.A. degree in Gerontology from the University of South Florida. He received his Ph.D. in Sociology at the University of North Texas, and completed post doctorate work in Applied Gerontology at the Gerontological Society/Administration on Aging.

Richard Ludtke, Ph.D., is the **Principal Investigator** for the Native American Elder Health Care Utilization Study. Dr. Ludtke received his B.A. and M.A. in Sociology at UND, and his Ph.D. in Sociology at the University of Kentucky, Lexington. He is currently the Chair of the Department of Sociology at UND.

Christine Burd, B.S.N., M.S.N., serves as the **Principal Investigator** on the Lower-Extremity Amputation Research Study. Ms. Burd received her B.S. degree in nursing at Temple University, Philadelphia, Pennsylvania and her M.S. degree in nursing from UND. She is currently a doctoral student in the University of Manitoba Department of Community Health Sciences, Winnipeg, Manitoba, Canada.

Left to right: Bratteli, Carrier, Geller, Jeanotte, Povilonis, Allery, Arnold

Shihua Pan, Ph.D., serves as the **Research Associate** for the resource center. Dr. Pan received her B.A. in Agricultural Economics in China and M.S. in Agricultural Economics at Iowa State University, Ames. She received her Ph.D. in Economics and completed her post doctorate work in Economics at Iowa State University. She is currently a research associate at the UND Center for Rural Health.

Joni Carrier, B.S.S.W., B.A., has been hired as the **Training Coordinator** for the resource center. Ms. Carrier received bachelor's degrees in Social Work and Indian Studies from UND. She is currently enrolled in the master's program and will receive her M.S. in Social Work in December. Ms. Carrier is also an enrolled member of the Chippewa Nation.

Kristin Povilonis, B.A., is the **Communications Officer** for the resource center. Ms. Povilonis received her bachelor's degree in Communication from UND. She is currently the Communications Officer for the UND Center for Rural Health, where she is the editor of state and national rural health newsletters.

Julie Arnold serves as the **Administrative Assistant** for the resource center. Ms. Arnold will handle the center's records management and computer operations.

Training Research

Marlys Bratteli, M.S.W.

At the National Resource Center on Native American Aging, training and technical assistance are vital components as linkages are formed between individuals, professionals, non-professionals, researchers, organizations, and most importantly, the elders.

Technical assistance will be provided by a culturally competent staff, experienced in issues related to Native American aging. The resource center will develop and/or adapt training materials for distribution with an emphasis on cultural appropriateness. Educational programs will focus on adapting and replicating a successful geriatric leadership program in many Native American communities --differing both culturally and geographically.

The technical assistance services and materials will be available nationally through a multi-faceted dissemination effort. A national clearinghouse on Native American aging resources will be established, along with a toll-free (800) number for obtaining materials and technical assistance (1-800-896-7628), a quarterly newsletter, *Native Aging Visions*, which will provide information on Native American aging and resource center activities, and a national, invitational conference on Native American aging. Also, the resource center will pursue a research agenda, focusing on the provision and utilization of long-term care by American Indians, Alaskan Natives, and Native Hawaiians. Research project results will be disseminated through scholarly journals, "in-house" papers, and presentations.

The National Resource Center on Native American Aging invites you to contact our office with questions or concerns regarding the Native American elderly. We look forward to the opportunity to get acquainted and exchange information related to the Native American elderly and aging process.

Jack Geller, Ph.D.

Several research projects are under way within the resource center.

Research team, left to right: top: Pan, Geller, Ziner bottom: Ludtke, Burd

The Native American Elder Health Care Utilization Study:

This study uses the 1987 Survey of American Indians and Alaska Natives (SAIAN) to examine the utilization of health care services among Native Americans, 55 years of age and older. Two topics that we are focusing on are, 1) the overall health status of Native American elders, and 2) to whom and where Native American elders go for their everyday health care needs. Other topics to be analyzed next year include the utilization of traditional medicine among Native American elders and the access and utilization of oral and dental services.

The Native American Elder-Care Panel Study:

This study examines the access and utilization of formal and informal caregiving services for Native American elders. Utilizing a "family perspective," researchers will interview family members of Native American elders, as well as the elderly themselves, to better understand what community-based services elders use, problems of access to services, and the role of families in the care of the elderly. Interviews are currently under way with American Indian families in North Dakota. Additionally, with the assistance of ALU LIKE, Inc., Native Hawaiian families are also being interviewed in Hawaii. Next year, we hope to collect data from Native Alaskan families and American Indian families in the southwest United States.

The Lower-Extremity Amputation Study:

Recognizing the complications that are often experienced as a result of the high rates of diabetes among native people, this study will specifically examine lower-extremity amputations among Native American elders. Using abstracts from medical charts at Indian Health Service facilities, we hope to gain valuable insights in preventing this tragedy.

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Mission Statement

"The National Resource Center on Native American Aging serves the elderly Native American population of the United States. The center is committed to increasing awareness of issues affecting American Indian, Alaskan Native, and Native Hawaiian elders and to being a voice and advocate for their concerns. Through education, training, technical assistance, and research, the center assists in developing community-based solutions to improve the quality of life and delivery of related support services to this aging population."

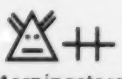
In 1990, through the Census Bureau's system of self-identifying, there were 1,959,234, individuals identified as Indians, including Alaskan Natives.

Source: American Indians: Answers to Today's Questions

The two leading causes of death for American Indians and Alaskan Natives age 65 and over (1986-1988) were diseases of the heart and malignant neoplasms. For the U.S. All Races (1987), they were also diseases of the heart and malignant neoplasms.

Source: Trends in Indian Health 1991, Indian Health Services, Department of Health and Human Services.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.



"Morningstars"
represents guidance

Native Aging Visions *is published by the National Resource Center on Native American Aging at the University of North Dakota*
P.O. Box 7090, Grand Forks, ND 58202-7090
(701) 777-3766 or 1-800-896-7628
Editor: Kristin Povilonis, Communications Officer

Native Aging Visions

A Resource for Native Elders

A Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 2 Winter 1994

Director's Column

Welcome! This is our second issue of *Native Aging Visions*. We have been extremely busy since the first newsletter. National Resource Center on Native American Aging staff have been actively working on research and developing various training programs. There are several exciting projects in the works. We have also chosen a six-member national steering committee which will assist the resource center in building a firm foundation. Members are:

- **Lawrence K. Koseki**, D.W.S., associate professor of Public Health at the University of Hawaii at Manoa.
- **Gaiashkibos**, M.S., tribal chairman of the Lac Courte Oreilles Tribe in Hayward, WI. He is a member of the Lac Courte Oreilles Tribe.
- **Cynthia La Counte,** B.S., Community Health Representatives (CHR) and Aging Programs Coordinator for the Trenton Indian Service Area in Trenton, ND. She is a member of the Chippewa Nation.
- **Sophie Two Hawk**, M.D., clinical director at the Rosebud PHS Indian Hospital in Rosebud, SD. An enrolled member of the Cheyenne River Sioux Tribe, she was the first American Indian Graduate of the University of South Dakota School of Medicine.
- **Art McDonald**, Ph.D., a member of the Lakota Sioux Tribe, is president of Dull Knife Memorial College, in Lame Deer, MT.
- **Wendall McLester**, Community-Based Resident Facility (CBRF) Planning Manager for the Oneida Tribe, in De Pere, WI. He is also a member of the Oneida Tribe.

We believe this culturally diverse committee will provide appropriate guidance needed by the resource center to become productive in achieving its goals. We look forward to the recommendations and advice to be provided by the steering committee. We hope you enjoy this issue and if you have any comments or story suggestions, please pass them on to us.

-- Leigh Jeanotte

Mark your calendars!!!

Geriatric Leadership Project Seminar
University of North Dakota
June 13-17, 1995

This five-day seminar will enhance leadership skills through the integration of knowledge and hands-on experience with a professional facilitator. Training will focus on elder issues, the aging process, and the development and implementation of a change project. Participants will explore attitudes, biases, and misconceptions they may have about Native elders. The seminar is scheduled for June 13-17, 1995 at the University of North Dakota in Grand Forks. Watch your mail for brochures and applications.

Native Aging Visions is supported by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

Lifeline: A Lifesaving Device for the Oneida Tribe

Kristin Povilonis, Communications Officer

A frail, elderly woman on the Oneida Indian Reservation in Wisconsin falls from her bed and is pinned between the bed and the nightstand. She can't move or reach the phone to call for help. But, because she was hooked to a Lifeline system, a life and death situation was avoided.

Lifeline is a personal emergency response system designed to help people live independently. It uses a help-button device, worn as a necklace, bracelet, or clip-on, which alerts Lifeline systems at hospitals in Green Bay and Appleton, Wisc., when a person is having problems. After the hospital has been alerted, a responder — a friend, relative or neighbor chosen by the Lifeline subscriber — is sent to the caller's home before an ambulance is called. Previously, home-bound elders who had fallen would have lain there until someone found them. Now, with Lifeline, they just push a button and someone will be there in 10 minutes.

"It is like someone living with you in the home," says Arleen Elm, benefit specialist for the Oneida Elderly. Lifeline gives elders, especially those in rural areas, a sense of security. Elm says many elders live in remote areas without any close neighbors.

The Oneida Reservation, which encompasses 65,000 acres, began its Lifeline system in 1990 after seeing how successful it was in Green Bay, just 15 miles away.

"The Lifeline system is used a lot," Elm says. It is used for any emergency service, not just health-related. She adds that it is a "worth-while program." Lifeline currently serves 34 frail, elderly or handicapped tribal members.

Lifeline requires the user to have a phone. The Oneida Tribe has set aside $10,000 a year to assist with costs for the system. It costs $25 to install each Lifeline device and $25 in monthly charges, which the tribe pays. Elm says there are people who need the system but don't have phone service. Other elders, she notes, want to remain independent and don't care for Lifeline. Overall, she says, there is more need for the system and interest is starting to increase.

For more information, contact Arleen Elm (414) 869-2448 or Life Systems, 640 Memorial Drive, Cambridge, MA 02139-4851. 1-800-451-0525 ext. 1114

Native Elder Health Care Resource Center

A new Native Elder Health Care Resource Center (NEHCRC) has been established in Denver, Colorado, to promote the health and well-being of older American Indians, Alaska Natives, and Native Hawaiians by increasing cultural competence among health care professionals and paraprofessionals who plan, administer, and provide relevant services to these populations.

Funded by the Administration on Aging under Title IV of the Older Americans Act and located at the University of Colorado Health Sciences Center, the center will focus on ascertaining health status and conditions, improving practice standards, increasing access to care and mobilizing community resources.

NEHCRC will use Denver Free-Net (DFN), a computerized electronic all-communications system, to disseminate a majority of its information.

For more information, contact Jeanene Diana, information specialist, University of Colorado Native Elder Health Care Resource Center, Campus Box A011-13, 4455 E. Twelfth Ave., Denver, CO 80220. Tel: (303) 372-3250
Fax: (303) 372-3579
Internet: Jeanene@polaris.hsc.colorado.edu

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Editor: Kristin Povilonis, Communications Officer

Training Research

Joni Carrier, B.S.S.W.,
Training and Technical Assistance Coordinator

The National Resource Center on Native American Aging has focused on several training and technical assistance endeavors since the last newsletter. We are pleased to announce that a Geriatric Leadership Project Seminar is scheduled for June 13-17, 1995 at the University of North Dakota in Grand Forks.

Mesa, Arizona will be the location for our 1st Annual National Resource Center on Native American Aging Conference. The conference is scheduled for November 30 - December 3, 1995. More information will be disseminated as the conference develops.

In November, resource center staff attended the National Congress of American Indians Conference and Exhibition in Denver, Colorado. This provided an excellent opportunity to meet individuals with similar interests related to elderly Native Americans. It was also the premier showing of our new display table where many participants stopped to chat and view our collection of photographs featuring Native elders from our area. Our goal is to increase our photo inventory to include other United States tribes including those in Alaska and Hawaii.

While in Denver, a meeting was held with our counterparts from the Native Elder Health Care Resource Center. A collaborative research effort that involves evaluating long-term services among Native American elders was discussed.

Joni Carrier, training and technical assistance coordinator, attended the National Indian Health Board/Indian Health Services conference in Albuquerque, New Mexico in late November. She gathered further information about the health status of Native American elders.

Resource center staff will also attend the American Society on Aging conference in Atlanta, Georgia in March. Information and materials gathered at these conferences will be available by contacting the center.

Our resource library continues to grow daily as we acquire videos, books, journals and other reading material on elderly Native Americans. An updated bibliography of resources is available.

(continued on back page)

Jack M. Geller, Ph.D.,
Research Director

Our research at the resource center has been quite active over the past six months. Below, is a brief synopsis of some of our ongoing research activities:

The first "Fact Sheet" from our **Native American Elder Health Care Utilization Study** was disseminated in September as Report No. 94-01. The analysis focused on access to a usual source for health care among Native Americans. Interestingly, over 90 percent of those surveyed reported having a usual source of care, however, the rate varied somewhat by age (elders were less likely to report having a usual source of care), sex, English fluency, as well as by health status. The report also noted that the rate of utilization of Indian Health Service providers significantly decreased as people reached elder status and became Medicare beneficiaries.

Our second Fact Sheet (which is enclosed in this newsletter) examines time barriers among elders in accessing health care services. To receive copies of our Fact Sheets or publications, call our toll-free number at 1-800-896-7628.

The Native American Elder Care Panel Study is also progressing quite well. Data collection among Native elders and their families has been completed in North Dakota and data collection is currently underway among Native Hawaiian elders. Next year, we plan to collect additional data among elders and their families in Alaska and in the Southwestern United States. Once this data collection is complete, we will be able to perform comparative analyses across various native people in our examination of utilization of formal and informal services for the elderly, family care-giving patterns, care-giver burden and accessibility to important elder services. In the interim, look for reports with our regional findings beginning in January 1995.

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Family Strengths Program

A program that builds family strengths between Native American elders and their families is being developed by the National Resource Center on Native American Aging. The program will build family relationships by strengthening the expression of committment, appreciation, communication and time together, as well as supporting the skills that help families get through difficult times. We are interested in including short examples or stories of how families express their strengths, especially as it includes family elders. Families can send their stories to us at:

The National Resource Center on Native American Aging
P.O. Box 7090
Grand Forks, ND 58202-7090

Training *(continued from page 3)*

The resource center is also developing a program for Native American elders and their families. Concentration will be on recognizing family strengths and building family relationships. The program will be a coordinated effort between the resource center and Dr. Greg Sanders of the North Dakota University Child Development and Family Relations Department.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.

If you receive duplicate copies of Native Aging Visions, please route to others who do not receive addressed copies or call us at 1-800-896-7628.

Native Aging Visions

A Resource for Native Elders

A Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 3 Spring 1995

Director's Column

The National Resource Center on Native American Aging was awarded a grant to solicit health and service concerns from American Indian elders and caregivers. In preparation for the White House Conference on Aging in Washington, DC, resource center staff are gathering information through town meetings at reservations and urban American Indian communities in Iowa, Minnesota, Nebraska, North and South Dakota. Upon completion of about 28 town meetings, the resource center's national steering committee and a select group of American Indian elders will meet at the University of North Dakota in Grand Forks on April 6 and 7, to review, discuss and finalize recommendations for consideration to be forwarded to the White House Conference on Aging. Concerns being voiced include health care, housing and economic security.

The May conference, "America Now and Into the 21st Century: Generations Aging Together with Independence, Opportunity and Dignity," will examine the needs and contributions of today's and tomorrow's older citizens. Conference goals include providing resolutions to influence national aging policy and developing a blueprint for action to have the resolutions implemented.

Please feel free to contact the Center with suggestions or comments that will help formulate new policy. The Center staff can be reached at 1-800-896-7628.

-- Leigh D. Jeanotte

Native Aging Visions is supported by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

Cultural Sensitivity Training

The National Resource Center on Native American Aging staff will provide training to individuals and organizations who are interested in increasing their Native American elder knowledge base and enhancing their local service delivery system. We offer a variety of culturally-sensitive training programs focusing on elderly issues and the aging process. The goal within our framework of service training programs is to allow individuals who provide services an opportunity to identify minority elders and explore their own personal biases. We also invite service providers to identify ideas to encourage the elderly to continue their participation in the programs being offered by their agencies.

Within the area of aging, specifically cultural diversity and sensitivity, we concentrate on identifying differences and similarities among the cultures and the programs being provided. For instance, we explore the differences and similarities between Title III and Title VI programs. Other training available focuses on diabetes, substance abuse, elder abuse and health-related issues. *For more information, contact Joni or Marlys at (701) 777-3766.*

American Indians experience dialysis, amputations and loss of vision from diabetes earlier and more frequently than elders of other races.
-- Native American Research and Training Center

American Indian elders develop disabilities from health-related problems at a rate 30 percent greater than other Americans of their age.
-- Native American Research and Training Center

American Indians experience chronic illness and disability in their middle years (40-50) that other races experience in their 60's and 70's, yet few programs for elders exist in Indian communities and even fewer exist for elders with disabilities.
-- Native American Research and Training Center

Elder Center Uses Computerized Information System

A new computerized electronic telecommunications system will assist the Native Elder Health Care Resource Center (NEHCRC) at the University of Colorado Health Sciences Center in Denver in disseminating information. The system is a part of the Denver Free-Net (DFN), which is a community computing system operated by the University of Colorado School of Nursing. Information on health care, education, the arts, and other useful topics is provided.

NEHCRC, funded by the Administration on Aging to promote the development of culturally-competent health care for Native American elders, uses the electronic network system to disseminate NEHCRC-generated data, technical assistance resources, discussion groups, and exemplar programs related to the care of Native elders. The system uses a metaphor of a health-care building of which a floor is devoted to the NEHCRC project. The rooms on the NEHCRC floor house various forms of health-related information. The rooms are at different stages of construction, modification, and refinement as an on-going process.

The DFN may be accessed free of charge by modem (dial 303-270-4865), via Internet, or through other communication systems. For more information, call 303-372-3228.

Crow Eldercare Program: A Blessing for Caregivers

Kristin Povilonis, Communications Officer

A woman on the Crow Indian Reservation in Montana has been tirelessly taking care of her mother stricken with Alzheimer's disease. Another woman needs to be reminded not to turn the heat up too hot whenever she cooks. Both these women are benefiting from a program that helps people with dementia and brings relief services (respite care) to those caring for Alzheimer's patients.

Started in 1993, the Crow Eldercare Program — an Alzheimer's/dementia demonstration project — provides case management and respite care to Native American elders who suffer from these two illnesses. An application is used to enroll a person in the program and all dementia cases are confirmed by a physician.

As a team, Director Mary Wallace, RN, and Edwina Beaumont, social worker, conduct initial assessments of the elder's needs, develop a care plan, and match elders with trained respite care providers. Wallace and Beaumont also supervise and train respite care providers. Currently, six providers assist recipients in transportation, socialization, companionship, household duties, personal care, and other activities that may benefit both the elder and primary caregiver.

"There is a real need for this [program]," Wallace says.

Ann Johnson, of the Montana Office of Aging, says the Crow Reservation is a leader in the country providing direct respite care to elders. She says the project demonstrates a need for targeted care for elders and new challenges for service providers, including the Indian Health Service. "It is a growing population, requiring a whole range of services that help the elder stay at home," Johnson says.

Care is provided free of charge to Crow tribal members and spouses. Currently, twenty-eight people are served by the program. Barriers to care include long distances to urban facilities and the high cost of private care.

Wallace says some caregivers have stated that the Crow Eldercare Program is a real blessing and they are grateful they have someone to help them.

Funded by the Health Resource Service Administration (HRSA) and matching tribal funds, the project is one of fifteen national demonstration projects developed to provide respite care to families of elders with dementia.

Wallace adds that a state survey on the needs of Native American elders is also being done.

For more information on the Crow Eldercare Program, contact Mary Wallace or Edwina Beaumont at (406) 638-2601.

UND Annual American Indian Week

The University of North Dakota (UND) Indian Association extends a cordial welcome to the 26th Annual American Indian Week to be held on April 3-9 on the UND campus. Numerous speakers and workshops will be held from Monday through Friday. A special performance will take place on Friday by the "Dakota Plains Dance Theatre" and the Pow-Wow will be held on Saturday and Sunday, awarding about $20,300 in prize money to dancers and drum groups.

Please help us celebrate the week's activities. If you would like to receive a poster or want additional information, please contact:

UND Indian Association
Box 8274, University Station
University of North Dakota
Grand Forks, ND 58202
(701) 777-4291

American Indian Transportation and Land Use Summit

The Intertribal Transportation Association and the Transportation Research Board Subcommittee on Indian Affairs will be co-convening the American Indian Transportation and Land Use Summit at the Albuquerque Convention Center, April 23-27, 1995.

Sponsored by seven cabinet-level federal departments including Transportation and Health and Human Services, the summit will bring together Indian Tribes, state, local and federal government officials, and the private sector to share information on ways these groups can work together to meet the transportation planning needs on Tribal Lands. It will include Tribal case studies, panel discussions and a resource fair.

The Summit goals are 1) to show Tribes, government agencies and the private sector ways they can best utilize the resources each group has to offer, 2) to highlight for Tribes the need to build Tribal-based planning capabilities, and 3) to illustrate the ways in which transportation impacts other areas ranging from health care delivery to economic development.

For more information, contact Paulette Hansen or Bill Morlan at (202) 434-4768 or write to ITA at #414-CNW, 444 North Capitol St., NW, Washington, DC 20001.

"Honor, Spirit, and Wisdom of Elders: The North American Indian Experience"

The First Annual Conference for North American Indians on Aging, Health and Human Services

November 30-December 3, 1995

Mesa, Arizona

Geriatric Leadership Project Seminar

University of North Dakota

June 13-17, 1995

This five-day seminar will enhance leadership skills through the integration of knowledge and hands-on experience with a professional facilitator. Training will focus on elder issues, the aging process, and the development and implementation of a change project. Participants will explore attitudes, biases, and misconceptions they may have about Native elders. The seminar is scheduled for June 13-17, 1995, at the University of North Dakota in Grand Forks. Watch your mail for brochures and applications.

Family Strengths Program

A program that builds family strengths between Native American elders and their families is being developed by the National Resource Center on Native American Aging. The program builds family relationships by strengthening the expression of commitment, appreciation, communication and time together, as well as supporting the skills that help families get through difficult times. We are interested in including short examples or stories of how families express their strengths, especially as it includes family elders. Families can send their stories to us at:

The National Resource Center on Native American Aging
P.O. Box 7090
Grand Forks, ND 58202-7090

Training Research

Joni Carrier, B.S.S.W.,
Training and Technical Assistance Coordinator

The National Resource Center on Native American Aging continues with its many training and technical assistance activities. The staff has provided cultural sensitivity training within the northern Minnesota region and is scheduled to train within our state boundaries. The cultural sensitivity training focuses on elder issues, the aging process, and the recognition of self biases regarding the elderly, especially minority aging persons. Our goal is to search and find ways of welcoming and retaining people of different ethnic backgrounds within service programs. Cultural sensitivity training has been well received by our audiences.

The Geriatric Leadership Project Seminar, scheduled for June 13-17, 1995, at the University of North Dakota has a deadline of May 1, 1995, for completing the application process. Brochures were mailed out and to date the response is favorable. If your organization or office did not receive a seminar announcement, please call our toll-free number and leave your name and address. We will promptly send you one.

Joni Carrier will be visiting Mesa, Arizona, the location of our first annual conference, during the first part of April in order to meet site representatives and make connections with area coordinators. She's looking forward to the visit in addition to the warm weather!

The development of a teaching manual, a major component of the Family Strengths project, is nearing completion. Dr. Greg Sanders, an associate professor in the Child Development and Family Sciences Department at North Dakota State University, has collaborated with our staff to produce a program designed for strengthening intergenerational relationships in North American Indian families. (See information box on Page 4.)

(continued on back page)

Jack M. Geller, Ph.D.,
Research Director

During the past few months our research activities have increased significantly. Below is a brief synopsis of our activities at the National Resource Center on Native American Aging.

National Study on Home and Community-Based Services - Much of our attention has been focused on the initiation of a national study on home and community based long-term care services in Native American communities. This collaborative study is being done by our center, the Native Elder Health Care Resource Center in Denver, Colorado, as well as the Administration on Aging (AoA) in Washington, DC. Over 140 Indian and Alaska Native communities have been selected and will be surveyed on what services are available, utilization of services, unmet needs, funding sources and barriers to the establishment of additional programs and services. At the present time, a survey instrument has been completed, the sample has been selected and we are currently training AoA regional staff. The survey itself is currently in the field, and we anticipate drafting the final report by early May.

Lower-Extremity Amputation Study - This project examines lower-extremity (foot) amputations among elder Native American diabetics. Data for this study was collected at Indian Health Service (IHS) hospital and clinic sites throughout North and South Dakota. The data has been analyzed and we have drafted a very user-friendly brochure on measures elders can take to prevent this terrible tragedy.

Native American Elder-Care Study - This study examines the caregiving and health care utilization patterns among native elders. Using the National Medical Expenditure Survey of American Indians and Alaska Natives, we have written and disseminated three Native American "Fact Sheets." These short, but informative reports provide timely information about access, barriers and utilization of health care

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Training *(continued from page 5)*

Marlys Bratteli, Director of Training and Technical Assistance, and Joni Carrier, Training and Technical Assistance Coordinator, attended, presented and exhibited at the North Dakota Conference on Rural and Public Health in Bismarck, ND, on February 22-24, 1995. Many participants visited our display area demonstrating great interest in our endeavors.

Marlys attended the Oklahoma Women and Wellness Conference entitled "It's Great to be an American Indian Woman in the Nineties!" on March 7-9, 1995. She presented as well as administered the National Resource Center's display. From Lawton, OK, Marlys attended the American Society on Aging's Annual Meeting and Exhibition in Atlanta, GA. Information regarding these conferences is available by contacting the center.

We have added a number of books and videos to our library focusing on North American Indian elderly. An updated bibliography of resources is available by contacting our center. The toll-free number is 1-800-896-7628.

Research *(continued from page 5)*

services among Native elders. Additionally, we are continuing to collect data in both North Dakota and Hawaii, regarding informal and formal patterns of caregiving to Native elders.

If you would like a copy of any of the reports, fact sheets, or brochures mentioned above, please call the center at our toll-free number and we will be happy to meet your request.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.

If you receive duplicate copies of Native Aging Visions, please route to others who do not receive addressed copies or call us at 1-800-896-7628.

Native Aging Visions

A Resource for Native Elders

A Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 4 Summer 1995

Director's Column

Greetings and welcome to another issue of Native Aging Visions. Our staff here at the National Resource Center on Native American Aging has (literally) covered a lot of ground since our last newsletter, both locally and nation wide.

Our efforts have concentrated on identifying where changes are most needed to improve the quality of life for American Indian elders, as well as the delivery of related support services.

Our journey began with many town meetings spread out across the country, which we proposed in order to collect a wide variety of input from people at the grassroots level. This enabled individuals from all walks of life to attend and participate, including many elders with limited access to travel or funding.

Turnout varied from place to place, ranging from groups of 15 to 20 people and upward. Our next step was to pull together all of the information gathered at the town meetings to be forwarded to the White House Conference on Aging. This was done via a mini-conference, which was held here on the University of North Dakota campus during our Annual Indian Time Out week in April.

There were four general areas of concern that came up frequently throughout the town meetings and mini-conference. Perhaps foremost were concerns about the quality and accessibility of health and long-term care. Other issues included the promotion of economic security, housing and support service options and maximizing the quality of life for American Indian elders.

The White House Conference on Aging is held approximately once every 10 years and in the past there have been problems with processing too many resolutions. Though our needs are extensive, we realize that resolutions numbering in the hundreds far exceed the government's ability to deal with them. Therefore, working with the National Indian Council on Aging (NICOA), one resolution was formulated and modified for the 1995 White House Conference on Aging.

A pre-conference was first held in Albuquerque, New Mexico, where we presented our information and chaired a health care concerns committee. Elders from every state attended the White House Conference in Washington D.C. May 2-5, including a strong Native American delegation.

Our major efforts in Washington D.C. were to support the reauthorization of the Older Americans Act and increased funding for Titles VI (nutrition, health care services) and VII-B (Indian Elder protection services).

Our next step would be to push for full appropriations, and while my overall view of the White House Conference was certainly positive, great changes may be challenged by the current cut-back political climate.

One thing is for sure: American Indian elders will not quietly fade away. At the 1995 White House Conference on Aging, the elders were very much seen and heard, which may be the greatest weapon we have against federal funding cuts.

Many thanks go out to all who participated!

— Alan Allery

Native Aging Visions is supported by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

Pictured above is the group participating in the 1995 Geriatric Leadership Seminar. From left to right: (Note: (F) indicates facilitator.)

Row 1 (kneeling): Marlys Bratteli, Director, Training & Technical Assistance; Dr. Greg Sanders, (F), Fargo, ND; Lloyd Falcon, Trenton, North Dakota; Sister Marmion Howe, Rapid City, South Dakota; Deborah Verbil, Crownpoint, New Mexico; Roxene Judson, Mt. Pleasant, MI; Leland Conner, Logan, OH; Shirley Lewis, Rapid City, South Dakota; and Sue Tohm, (F), Grand Forks, North Dakota.

Row 2: Barb Jacobsen, (F), Grand Forks, ND; Joni Carrier, Training Coordinator; Janet James, Gardnerville, NV; Lynda Lasiloo, Shiprock, NM; Mary Snobl, St. Paul, MN; Kenneth Chester, Oakland, CA; Denise Varner, Cloquet, MN; Hazel Shegonee, Milwaukee, WI; Sharon Wolf, Bellingham, WA; and Mary Lynn Kasunic, Phoenix, AZ.

Row 3: Bryon Novotny, (F), Grand Forks, ND; Cynthia LaCounte, (F), Trenton, ND; William Zaste, Trenton, ND; Glen Revere, Harlem, MT; Alan Allery, Director; Reginald (Lucky) Newsome, Administration on Aging, Washington, DC; Margaret Moss, Sante Fe, NM; Leonard Kary, Keshena, WI; and Don Mitchell, Chinle, AZ.

"Honor, Spirit, and Wisdom of Elders: The North American Indian Experience"

The First Annual Conference for North American Indians on Aging, Health and Human Services

November 30-December 3, 1995

Mesa, Arizona

Deadlines for the Call for Papers has been extended to August 31, 1995. A preliminary conference brochure and registration materials will be arriving in your mail soon!!!

"Tomorrow Will Be A Better Day, Because I Will Be Heard"

Michelle Kozel, UND Native American Programs

When Marie Rogers speaks - a lot of people listen, and Marie speaks out quite a bit these days. She's been heard at home on the Rosebud Indian Reservation in South Dakota, at town meetings across the country, on video tape, and even at the 1995 White House Conference on Aging.

At 83 years old, Marie says she's not very fast, but anyone who knows her will tell you she hasn't slowed down a bit. As an advocate for senior citizens, Marie frequently speaks out for aid that will help Native American elders to live productive and independent lives.

It hasn't been easy, but Marie herself is one fine example. Born one of five children to a poor ranching family, Marie went away to boarding school at the age of 13 and worked for the government after that. She's survived through 2 depressions, had 6 kids, 32 grandchildren, and 34 great-grandchildren.

"Sure there's been problems through the years," she said, "but I face problems. I can't break down - I'm the one that has to stay strong. They sometimes call me the Boss Grandma."

When asked where she gets that strength, she says its source is spiritual.

"We've been through racism thick as mud here. Kids used to tell us to go back to the reservation, but I'd say 'God wants us here,' and we all made it."

Last year, Marie made an appearance in a video entitled "Legacy," which she did with the National Indian Council on Aging (NICOA). Reservations across the country were visited to illustrate the extreme conditions of poverty in which so many Native Elders are living.

Most of the homes featured were in a severe state of disrepair, with many lacking such basics as heat, electricity and plumbing. Elders were often undernourished and lacked access to health care because of transportation problems.

The video related most of these findings to the inadequate Title VI funding of the Older Americans Act. And while Marie agrees that much more funding is needed, she disagrees with how the current funds are sometimes managed.

"I was disappointed with the video's segment about the Pine Ridge Reservation. It was not accurate; the situation there is even more desolate than it showed. I'm not afraid to blast them. I have no relatives to protect."

Marie carried those messages to the 1995 White House Conference on Aging May 2-5, and was impressed with how she and the other senior delegates were received.

"We were over 2000 strong and the White House top government officials were definitely looking," she said. "How could they avoid us?"

She also shared the stories of other elders with Washington officials and told them of the sad things she had witnessed first hand.

"I told them they need to send better people, qualified people to handle the funding. Young people were eating meals and telling the elders there was no money. I visited 3 kitchens in one day and all that was being served was goulash-no coffee, no milk, no dessert."

The administration was very responsive, Marie said. President Clinton, Vice President Gore and several members of congress openly expressed their support of the delegation in the opening sessions. Marie would have loved to personally meet the president, who sat just 3 tables away from her at the reception.

"President Clinton spoke very strongly and encouraged us Sr. Citizens to push and that he'd back us all the way," she said.

Indian people need a strong voice, according to Marie. It's not easy being heard, she said, especially when you're old. Also, because of traditions, tribes often look to the men when things need changing, but sometimes it's women who have the answers.

Marie advises other elders to assume personal responsibility for their health. She'd like to see more money spent on research and education, so that elders can recognize problems as they may develop.

(Continued on Page 4)

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She also strongly supports elders remaining in their own homes, whenever and for as long as possible.

"It is my one fear, that the only place to go is a rest home. People often give up there, they stop caring, they don't have activities or enough exercise. They deteriorate quickly there and then, sadly, they die."

As a diabetic, Marie realizes that her own health falls into the high-risk category. She's suffered 3 heart attacks, so now she listens to herself, how her body really feels, and rests accordingly. She doesn't, however, always listen to her doctor.

"After my last heart attack, I was in the hospital for just three days when I told my doctor that I wanted to go home, because I had an airline ticket for the following day. The doctor said that I could go home, but not traveling. I felt really good though; I felt I was ready, so I went. The doctor still enjoys sharing that story, about how he told me I could go home, not fly away!"

Marie drives herself around quite a bit, and still volunteers for elders who need assistance, whether that be with meals, a ride to the dime store, to church, or for medicine.

She worries that Indian people of today are too fractionalized here and there.

"We need to stick together to make a difference. We elders need to speak out for more long-term home care services. We've been tramped on all our lives," she said, "and too many people are hanging themselves for 'traditions.'"

Perhaps most importantly, Marie tells her people again and again not to ever lose hope.

"Don't give up and for sure keep smiling," she says. "Tomorrow's a better day."

Alan Allery, Marlys Bratteli, and Jack Geller of the National Resource Center on Native American Aging at the University of North Dakota, traveled to Bismarck, North Dakota last month and met with Fernando Torres-Gil, the Assistant Secretary for the Administration on Aging.

The group presented Mr. Torres-Gil with a booklet of information covering research and training projects completed by the center, and briefed him about upcoming possible projects. Mr. Torres-Gil expressed great interest in the projects and requested additional information, including the Aging Profile of American Indians

From left to right: Ed Johnson, Director of Administrative Support, United Tribes Technical College (UTTC); Allen Allery, Director, National Resource Center on Native American Aging; David Gipp, President of UTTC; Fernando Torres-Gil, Assistant Secretary, Administration on Aging; Marlys Bratteli, Director, Training and Technical Assistance, National Resource Center on Native American Aging; and Jack Barden, Director of Research.

Training Research

Joni Carrier, B.S.S.W.,
Training and Technical Assistance Coordinator

The Geriatric Leadership Seminar, June 13-17, 1995, was an enormous success. The University of North Dakota was the site of the first annual national level Geriatric Leadership Seminar. With 21 participants from around the United States registered, and 19 in actual attendance, dynamics of the group were phenomenal. States represented included Arizona, California, Michigan, Minnesota, Montana, New Mexico, Nevada, North Dakota, Ohio, South Dakota, Washington, and Wisconsin.

Each participant arrived with a "change" project in mind. A "change" project was described as an idea that would create positive changes in the lives of North American Indian elders. The participants were teamed with a facilitator chosen for their professional knowledge and expertise in the area of the participant's idea. The facilitator role was to provide support and guidance for the participants as they worked on the focus and direction of their projects. The participants have approximately 1 year to implement the project design in their home communities. The assigned facilitator follows this process and is available for consultation.

The Geriatric Leadership Seminar provided the necessary atmosphere for the development of a wide variety of project designs. The following is a sample of work generated at the seminar:

- The coordination and development of an urban Indian Elder Center that would include a Senior Adult Housing Complex and Senior Center.

- "The Demise of the Extended Family" is a project designed to re-educate the youth; teaching them oral tradition and encouraging them to interact with their elders, seek their counsel and to RESPECT their opinions.

(continued on back page)

Jack M. Geller, Ph.D.,
Research Director

Did you know that while Native American elders are a rather small demographic group, they are one of the fastest growing cohorts today? Information from the U.S. Bureau of the Census documents this fast growing trend for Native elders 55 years and older, as well as 65 years and older. The actual numbers are listed below:

Cohort	1970	1980	1990
55 +	88,566	153,735	227,661
65 +	43,635	74,919	114,453

As you can see, the rate of increase in the elder population is quite large over the past 20 years. Just looking at the age cohort "65 and over", between 1970 and 1980 the cohort increased by 72 percent. Between 1980 and 1990, the number of Native elders 65 and older increased by 53 percent. Overall, between 1970 and 1990 the Native Elder cohort age 65 and over increased by 162 percent.

Much of this increase is due to the increase in life expectancy of Native elders. Below are the life expectancy rates for Native Americans across the same time periods.

Year	Life Expectancy
1970	65.1 years
1980	71.1 years
1990	73.2 years**

** Data just for Native Americans in IHS Service Areas

As one can see from the above data, Native American elders are substantially growing in numbers. Unfortunately, programs that stress home and community-based services for the elder population are not adequately keeping up with the fast pace of growth.

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Training *(continued from page 5)*

- The development and implementation of age and diagnoses specific Teaching Guide Sheets for elderly North American Indian patients entering an Indian Hospital.

- The development of American Indian elder focus groups to identify problems and concerns within their home communities. Further expansion on this project will lead to enhancement of service delivery by working directly with elder community groups.

- The provisions of appropriate information regarding services and supports available to elders by designing a directory of services. Each directory will be translated and printed into the native dialect.

- The evaluation of the incidence of American Indian elder abuse and the determination of the agencies addressing this issue.

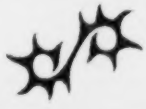
- Support group development for American Indian elder grandparents raising their grandchildren.

The participants in the 1995 Geriatric Leadership Seminar are to be commended for their eagerness, energy, and determination. Their desire and visions of an improved life for North American Indian elders will contribute to the survival of this great society of people.

The Training and Technical Assistance department is working diligently in the development of the national conference. Extensions for the Call for Papers has been granted due to the mail distribution process to outlying areas. See informational box within this issue.

Remember! Your ideas for feature stories are important to us. Please contact our office with your ideas. Also, we are interested in the accumulation of American Indian elder stories especially in the area of family strengths. Call us on our toll free number: 1-800-896-7628.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.



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Native Aging Visions

A Resource for Native Elders

A Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 5 Fall 1995

Director's Column

American Indian Elders are among the poorest of the poor and are facing many external pressures or forces that cause overwhelming concern and have a negative effect on their physical and mental health. Their numbers are growing faster than the U.S. elder population as a whole, and their life-long struggles with lack of employment, racial tensions, inadequate health care, and movement from one war on poverty program to another has proved to be disastrous.

The result is a population of elders facing many new challenges like retirement on a very limited income. Most have simply not had career opportunities which would have allowed the accumulation of a retirement fund, nor significant enough income to set aside funds for individual retirement plans. Their income capacity is diminished due to age, and their expenses for health care and other basic needs are increasing disproportionately to their ability to pay.

This same group of elders has worked diligently, often times without funds, while waging war for the good of the tribe. As a result they have obtained better roads, vastly improved sanitation facilities, new schools, new hospitals and clinics, the development of tribally controlled community colleges, and scholarship programs for their members to attend a college of their choice. Elders have encouraged and supported financially a countless number of young people in legal, health care, and other revered professions.

I've sat with elders on many occasions while they have debated the pluses and minuses of various industries and businesses and how they might affect their societies. I've marveled at how, after the long hours of debate and discussion, elders have been able to make the very best decisions for their people. They have agonized over the pros and cons of accepting nuclear waste, of venturing into the gambling world with casinos, and over the long-term management and preservation of natural resources.

Our elders have done a good job against tremendous odds, only to be faced with continued difficulties in their retirement years. We need to follow their example and do for them in retirement, what they have done over the years for their people and communities. Tribal governments must take a renewed interest in tribal elders to make sure that home and community-based services such as health care, social services, housing, nutrition, legal, mental health, and religious and spiritual services are being provided.

It is unconscionable to look the other way and expect the federal or state government to meet all the needs of our elders. The investment of more tribal resources, interests, and efforts need to go toward attracting, matching, and direct funding of services to support a rewarding and comfortable life style for elders. American Indian elders deserve far more than a poverty-stricken retirement following life-long struggles and endless community service. The generations they have nurtured must now respond with compassion and most importantly - **immediate action**.

- - Alan Allery

Native Aging Visions is supported by a grant, No. 90-AM-0756, from the Administration on Aging, Department of Health and Human Services.

Programs Reaching People

by Yvonne Jackson, American Indian, Alaskan Native, and Native Hawaiian Program Director

Today, longevity is becoming more prevalent in American Indian, Alaskan Native, and Native Hawaiian communities. This welcome trend has placed greater demands on a service delivery system which is even more complex and fragmented than systems in non-Indian communities.

As stated in the Older Americans Act (OAA), the Assistant Secretary on Aging, through AoA's American Indian, Alaskan Native, and Native Hawaiian Program "shall serve as the effective and visible advocate in behalf of older individuals who are Native Americans within the Department of Health and Human Services and with other departments and agencies of the Federal Government regarding all federal policies affecting such individuals... coordinate activities between other Federal departments and agencies to assure a continuum of improved services through memoranda of agreements or through other appropriate means of coordination, administer and evaluate grants (to Native Americans), and collect and disseminate information related to the problems experienced by older Native Americans on elder abuse, in-home care, health problems, and other problems unique to Native Americans."

These functions are carried out in a variety of ways, including: 1) grants to Native Americans; 2) Federal Interagency Task Force on Older Indians; and 3) National Resource and Policy Centers on Native American Aging.

Grants to Native Americans: Under Title VI of the Older Americans Act, AoA annually awards grants to provide supportive and nutrition services for Native American elders. Persons eligible for services under Title VI are tribal members, or Native Hawaiians who are age 60 or over, or beyond the age established by the tribe, and living in the Title VI service area.

In Fiscal Year 1993, nearly 2.5 million congregate and home delivered meals and over 3 million supportive services were provided to older Native Americans through programs funded by Title VI. Supportive services included information and assistance, transportation, homemaker and chore service, health aid assistance, legal assistance, and ombudsman services. In Fiscal Year 1994, grants were awarded to 227 American Indian and Alaskan Native tribal organizations and 1 organization serving Native Hawaiian elders.

Federal Interagency Task Force on Older Indians: Section 134 of the 1987 OAA Amendments directed AoA to establish a permanent interagency task force comprised of representatives of federal departments and agencies with "an interest in older indians and their welfare" within the Office for American Indian, Alaskan Native, and Native Hawaiian Programs. The purpose of the Federal Interagency Task Force on Older Indians is to facilitate coordination among federally funded programs and improve service to older Indians. The Task Force is required to make recommendations to the Assistant Secretary on Aging who, in turn, is required to include these recommendations in the AoA annual report to Congress. Currently, the Task Force is comprised of representatives from the Departments of Interior, Commerce, Labor, Transportation, Housing and Urban Development, Agriculture, and Education, as well as various agencies within the Department of Health and Human Services, including Indian Health Service, Office of Minority Health, Social Security Administration, Health Care Financing Administration, and Administration for Native Americans.

During Fiscal Year 1995, the Task Force will be focusing on three areas of concern to Native American elders: health; transportation; and data. The Task Force will be making recommendations to further interagency collaboration and enhance services to Native American elders, and highlight problems, issues and/or barriers that prevent or diminish collaboration.

National Resource and Policy Centers on Native American Aging: In February 1994, AoA awarded cooperative agreement grants totaling approximately $1 million to the University of Colorado at Denver and the University of North Dakota at Grand Forks to establish National Resource Centers on Native American Aging. The primary focus of both centers is health, community based long-term care, and issues related to American Indian, Alaskan Native, and Native Hawaiian elders. The Centers will be focal points for the development and sharing of technical information and expertise to Indian Organizations, Title VI grantees, Native American communities, educational institutions, and professionals and paraprofessionals in the field.

Training Research

Joni Carrier, M.S.W.,
Training and Technical Assistance Coordinator

The staff at the National Resource Center on Native American Aging (NRCNAA) are concentrating all efforts on the First Annual Conference for North American Indians on Aging, Health and Human Services. The conference, titled "Honor, Spirit, and Wisdom of Elders: The North American Indian Experience" will be held November 30 - December 3, 1995 at the Sheraton Mesa Hotel & Convention Center in Mesa, Arizona.

The national conference will open with a keynote address from Fernando Torres-Gil, Assistant Secretary for Aging, Administration on Aging. General session speakers include Ronald Freeman, Senior Public Health Advisor, Office of Health Programs, Indian Health Services; Mr. Bob Blancato, Executive Director of the 1995 White House Conference on Aging; Dr. J. Neil Henderson, Associate Professor of Psychiatry and Community and Family Health, University of South Florida Colleges of Medicine and Public Health; Dr. Eddie Brown, Executive Director, Health and Human Services, Tohono O'odham Nation; and Phil Lane, Jr., International Coordinator, Four Worlds Institute for Human and Community Development.

Forty-two concurrent sessions make up the conference program. An international line-up of presenters will be featured with a variety of interests. A sample of presentations include long term care issues, intergenerational topics, health care concerns, and recent medical research. Special showcase events will feature members of six metro-Phoenix tribes. The NRCNAA gratefully acknowledges and appreciates the interest and willingness of the many diverse groups, to share in our effort to improve and enhance lives of the North American Indian elder.

Training and technical assistance activities at the NRCNAA are focussed on the national conference. However, we continue to develop the Family Strengths manual, add to our library of resources and provide assistance. For more information on the conference, or to request a conference brochure, please call 1-800-896-7628.

Jack M. Geller, Ph.D.,
Research Director

In the April 1995 issue of the Native American Law Digest, M. Helen Spencer and Patricia E. Funk document the findings of their research examining the health and independent living needs of Native American elders.[1] The study surveyed 434 Native elders among 8 tribes in the states of California, Maine, Montana, North Dakota, Oklahoma, South Dakota, and Washington. The study, sponsored by the Washington State Indian Council on Aging, used face-to-face interviews as their data collection method.

Some highlights of the findings are listed below:

1) Three-fourths of the respondents reported having a chronic illness, such as high blood pressure, diabetes, or arthritis. Approximately 40 percent reported having mobility problems.

2) Many elders reported experiencing problems with transportation. Approximately half of the respondents reported relying on others to meet their transportation needs.

3) Only one-third of the elders reported ever having a home health visit. Very few reported receiving regular home visits from a health care worker.

4) Traditional medicine was practiced by one-third of the elders. Surprisingly, those elders 55-65 were more likely to practice traditional medicine than those 65 and over.

5) Many elders had limited access to emergency medical services. Most lived 10 or more miles from a 24-hour emergency room, and one-third did not have a working home phone to call an ambulance if needed.

6) While most of the elders had positive opinions of Indian Health Services physicians, nurses, and facilities, many reported long waiting times at the clinic, and seeing different doctors with each visit.

[1] Spencer, H.M., and Funk, P.E. (1995) "Meeting the Health and Independent Living Needs of Older Indians." Native American Law Digest, Vol. 5, Number 4: 27-59.

(Continued on back page)

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National Aging Information Center Opens in Washington

The National Aging Information Center (NAIC), established under the Older Americans Act, opened in September, 1995, and serves as a central source for aging related information.

The mission of NAIC is to improve the ability of the nation to successfully meet the needs of an aging society through collecting, developing, and disseminating information about current approaches to policy and practice.

The Center features a reading room and reference collection open to the public. Reference librarians are available to assist patrons in searching the databases and accessing the printed materials.

Inquiries can also be made by telephone. NAIC information specialists are available to assist by searching databases, consulting statistical tables, providing copies of publication and materials, and making referrals to other sources.

Most NAIC services are provided free of charge. For information, or if you'd like to share information regarding publications, research, programs, conferences, or events - the NAIC may be reached at: the National Aging Information Center, 500 E Street, SW., Suite 910, Washington, DC 20024-2710. Tel: (202) 554-9800; Fax: (202) 554-0695; Internet: naic@ageinfo.org

Research *(Continued from page 3)*

These highlights present just a short glimpse of their survey findings. Shortly, the results of another study collaboratively conducted by Administration on Aging, the University of Colorado, and the University of North Dakota will be disseminated. This study surveyed health and social service providers from 109 tribes nationwide. It will be an informative compliment to the Spencer and Funk study as it examines the need, availability, and acceptability of home and community-based services for Native elders.

Native Aging Visions wants to hear about outstanding people and programs that provide health care and other services to Native American elders. If you know of any that deserve recognition, let us know so we can share the information. We hope to highlight some of these people and programs in the upcoming issues.

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Native Aging Visions

A Resource for Native Elders

A Quarterly Publication of the National Resource Center on Native American Aging at the University of North Dakota

Volume 1, No. 6 Spring 1997

Director's Column

Greetings! It's good to be back in business after about a year of being in financial limbo. In December of 1995 we were informed that our funding for Year 03 was frozen due to the continuing resolutions within the federal government. Even without the funding support from the Administration on Aging (AoA), we made every effort to continue working on various projects. We were able to present at several conferences, maintain the 800 number, and assist in the publication of the Long Term Care Community Assessment Project.

In the fall of 1996, we were advised that we would receive partial continuation funding for 13 months. This current funding will end in February of 1998. We are striving to obtain other grant sources to enable us to continue our mission in the future.

Our center continues to function on three levels: research, training and technical assistance. Kyle Muus and Rick Ludtke from the Center for Rural Health will have primary responsibilities for research activities. Marlys Bratteli, Resource Center on Gerontology, continues as the Director of Training and Technical Assistance. Julie Arnold, Resource Center on Gerontology, is back as the Administrative Assistant and continuing on as Public Information Specialist is Mikki Kozel, Native American Programs.

Some of the current activities and future plans include:

- Assist NICOA with a National Conference in Duluth on November 1-3, 1997.
- Arrange a meeting with AIHEC members in Rapid City to determine if there are any cooperative efforts we can work on, such as a Geriatric Leadership Seminar.
- Search for continuation funding from other sources.
- Obtain funding for at least two Geriatric Leadership Seminars.
- Develop a home page for the Center on the Internet.
- Identify funding sources for additional research projects on Aging.

In all of our future endeavors, we intend to work closely with the National Indian Council on Aging (NICOA) and the Resource Center in Denver. If readers come across some important topics or ideas they would like us to pursue, or if anyone becomes aware of other efforts we could tie in with, please contact us at: 1-800-896-7628 (toll free).

In the meantime, take care and keep in touch. We look forward to serving elders and elder care providers in the months to come.

— *Alan Allery*

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Issue delayed by the Flood of 1997.

The Indian Pioneer on the Telephone

by Mikki Kozel, Native American Programs

Roger calls me from his office in Bemidji, Minnesota from time to time. I've never met Roger Jourdain, former Tribal Chairman of the Red Lake Nation, now in his eighties, but I do feel as though I've come to know him through our telephone conversations over the last year.

Roger likes to cuss, and it doesn't bother me; I find his language rather colorful. And the stories, well, one doesn't spend well over 30 years in office serving his people without collecting a pouch full of stories. Every conversation leaves me with at least a grin, and for sure something to think on for awhile.

Roger, a certified DFL'er since the early days, talks politics more often than not. He knows his causes and pretty much everyone else's that have come and gone throughout his 50-some years of leadership on behalf of Indian Country. Roger ran with the big guys, as they say, crossing paths with national leaders, congress persons, and presidents alike.

I enjoy Roger's people stories the best, friends he has made along the way and out of the way, what their journeys were, how he interacted with them, and where they ended up today. Usually they're funny stories, and I laugh. Some characters are old, some new, and even those who no longer walk the earth come to life in Roger Jourdain's stories.

History and reform are areas that Roger is well familiar with. He's seen many changes in life as we know it, and he continues to work as a consultant, advocating for causes and the well-being of minorities and elders. And it seems to me that my telephone friend can pull numbers and facts out of thin air and throw them to Grand Forks in a heartbeat.

"Over $24 million dollars has been awarded through the Minnesota Indian Scholarship Program," he tells me, "Minnesota was the first state in the nation to provide entirely free American Indian scholarships, and it was because we fought for it. Over 3,000 Indian people have received their educations through the Minnesota Indian Scholarship Program, and went on to success."

Roger Jourdain is proud of that, as he should be, and he goes on to tell me that it would sure be nice to hear from a few of the 3,000 people who benefited from the scholarship. Of course he says so in his own colorful language, sprinkled with that classic Indian humor.

"It'd be a dirty, rotten shame if I never heard from some of those people," he says, "you know, call or write me a note, just to say hi, thank you or go to hell. You know what I'm saying?"

"Yep," I answer, cradling the telephone receiver, "I know."

We go on awhile more, journey through another winding story or two, share a laugh, and pass along some news about life, folks we know, and things coming up. Then we wind down, wish each other well, and say our goodbyes.

"You take care," I tell this friend I am honored to know.

"Megwitch," he replies.

"Try to stay outa trouble", I tease, "and hey Roger - thanks once again for sharing your stories."

"Indian Country Long-Term Caregiver Conference"

A Conference for North American Indians on Aging, Health and Human Services

November 1-3, 1997
Duluth, Minnesota

Watch your mail for more information.

Many Winters

by Alan Allery, Native American Programs

I look ahead and see the end of the harsh winter we've had. I notice around me the number of people who have *many winters* in their past. When I see them I realize that my winters, my experiences are humbled in comparison. In a way I am fortunate that I have not had to experience the difficulties elders have seen and that I can benefit from their wisdom. I was better able to endure the harshness of this and other winters because I benefit from their *many winters*.

I look back to see where I have been and I realize that there were many elders supporting, guiding, and helping me through difficult times, as well as celebrating with me the good times. I look around me to see what has changed. I see many more young Indian people that are well prepared academically. Notice, I didn't say educated. I see many Indian people with more money than they have ever had before. I see new cars, new computers, digital TV, and cell phones in many Indian homes. All of these things are good, they make our *many winters* easier.

But a tear comes to my eye when I see the lack of respect and support for our elders today. When I see them eating tuna helper on Christmas Day. When Social Security was instituted years ago, many elders, at the time, wondered what it meant for them as American Indians. After all, their contributions to the system would be low because of seasonal work and the high rate of unemployment near their homes. Many questioned the need for it since tradition dictated that the family was to care for their elders. However, many families began to fall apart for various reasons and the demands of the increasingly large numbers of young people put a huge strain on the traditional extended family.

As a result of these changes, the Indian family began to rely on support from places other than the traditional family. Many outsiders were eager to help, imposing their value systems on Indian societies, thinking that their values which have served them well would also serve Indian people well.

But as Indian people and families began to accept those values and ideas, the nation's values began to incrementally take a right turn. Now the emphasis is on self sufficiency, using the concept of limited support to enable those in need rather than support those most in need.

The results of the changes to our nation is evolving to an ever increasing pressure on American Indian elders to assist in supporting the young. Sadly and certainly shameful, sometimes the young even demand money, psychologically blackmail, or otherwise abuse elders to get what they need or want.

So I find myself looking ahead and seeing many harsh winters for young and old alike. Oh, the weather may be delightful, but the dominant society has made a value shift that American Indian elders and society will have to deal with to maintain and strengthen the family.

We must again rely on our elders and benefit from their *many winters*. We must take action to support family values and traditions. We must call on the direct involvement and institutions who serve us such as Tribal Colleges, schools, Indian Health Service, Bureau of Indian Affairs, Tribal Government, and others. Together we must honor our elders and support the maintenance of the extended family system.

The nice thing about today is that Spring is almost here, it is a time of rebirth and now is the best time to take action – to breathe new life into the Indian dream. A time to revitalize extended families throughout Indian Country. A time to revere elders and a time to encourage the young. I look to see the end of the many harsh winters our elders have endured, optimistic that it is just ahead.

Training

Marlys Bratteli, M.S.W.
Director, Training and Technical Assistance

It's been awhile since we were last able to bring you news from the National Resource Center on Native American Aging. Throughout the months we have remained active – even though we were not able to bring you a newsletter. Of course time moves on and so do people. Joni Carrier, the Training Coordinator, is no longer with us. She is now working for the Eagle Project in Grand Forks, North Dakota. It gives her an opportunity to work with adolescents and the school system, and we wish her all the best.

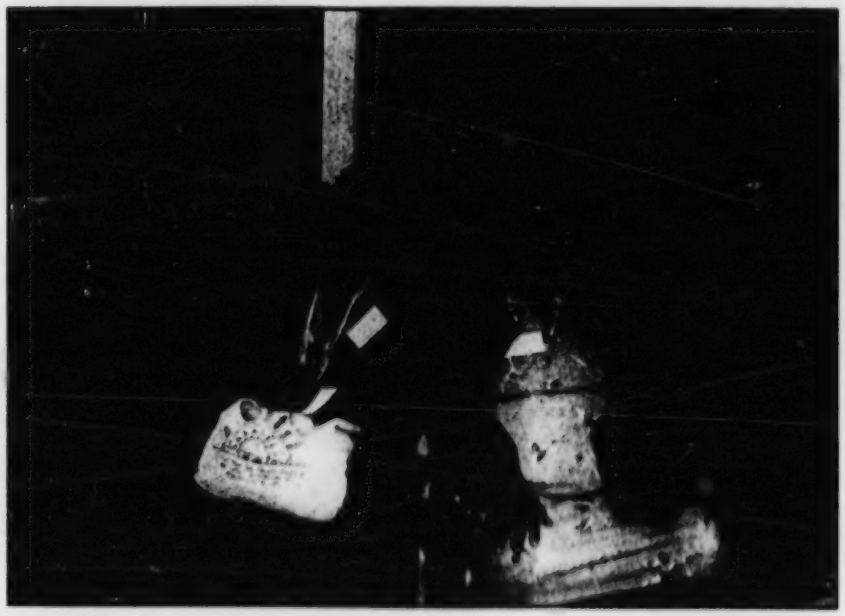
Since our last newsletter, we have completed some exciting projects. One that I wanted to share with you was the First Annual Conference for North American Indians on Aging, Health and Human Services. The conference, "Honor, Spirit, and Wisdom of Elders: The North American Indian Experience," was held November 30-December 3, 1995 at the Sheraton Mesa Hotel & Convention Center in Mesa, Arizona. It's hard to believe that it has been over a year since the conference. Many of you have called asking about it and inquiring as to upcoming conferences, and I want to take this opportunity to let you know how the conference went.

The conference was attended by more than four hundred North American Indians, with a majority of attendees registering as elders! More than one hundred North American Indian tribes were represented from twenty-seven states; including Alaska, Hawaii and four Canadian provinces.

Forty-seven sessions, including seven general sessions, were held. Many of these were standing room only. People had an opportunity not only to learn, but to meet old and new friends. Two things stand out in my mind as highlights of this conference. First were the Tribal Showcases. At the start of each half day, an area tribe shared information about their people. Most told about their communities, both historically and today, entertained through dance or signing, and displayed their crafts.

Second was the closing brunch on the last day. Here people came together to share

(Continued on page 6)



Two Hopi elders at the First Annual Conference for North American Indians on Aging, Health and Human Services. The conference, "Honor, Spirit, and Wisdom of Elders: The North American Indian Experience," was held November 30 - December 3, 1995 at the Sheraton Mesa Hotel & Convention Center in Mesa, Arizona.

Research

Kyle Muus, Ph.D.
Research Director

In the early 1990s, Altobelli et al. were commissioned to assess and evaluate the Native American elder research conducted in the Aberdeen (SD) Indian Health Service (IHS) service area. The authors focused their assessment on the following areas: demographics; family environment and structure; health issues and status; and service access and utilization. Their findings indicated the scant nature of quality research focusing on issues pertinent to elders.

Based on their findings, the authors developed a research agenda regarding Native elders. The agenda, still largely relevant today, calls for the direction of research efforts to go toward the following issues:

I. The impact of modernization on Native American elders.

- impact of the role and status of the elders
- impact on family structure
- impact on the sensitization of young Native Americans toward the needs of elders
- impact on the traditions of caring for, and respect of elders
- impact on the role of elders as story tellers and cultural transmitters

II. The under-utilization of health services by Native American elders.

- the degree to which health services are affordable and accessible to elders
- impact of cross-cultural provider/consumer interactions
- the consequences of under-utilization on health status
- the causative factors of under-utilization of health services
- the availability of traditional treatment and its effect on the under-utilization of modern health services
- the effect of noncompliance behavior on utilization rates
- the identification of barriers from within Native American culture to utilization of modern health services

III. Epidemiological studies of Native American elders for acute & chronic diseases.

- comparison of reservation vs. off-reservation residents
- comparison of Native Americans vs. non-Natives
- examination of substance abuse prevalence
- examination of suicide rates
- examination of cultural bias in the diagnosis of mental illness

IV. The institutionalization of Native American elders.

- examination of the impact of the health care delivery system on institutionalization rates
- examination of the discrepancies between the cultural orientations toward elders and institutionalization rates
- impact of institutionalization on the extended family culture

V. Other areas such as:

- crime victimization of Native American elders,
- impact of a culture of poverty on abuse and exploitation of Native American elders,
- examination of differential definitions of "Elderly" and "Indian" and its impact on service provision,
- examination of mobility patterns of Native American elders and its impact on service utilization.

This agenda was derived using the following criteria: the extent to which there was an information gap in the literature; the quality of the existing information; the extent to which there were contradictory research findings in the area; and the extent to which the area impacted the daily lives of Native elders. For more information on this report, call Kyle Muus at 701-777-3848.

Citation: Altobelli, J., Geller, J., Harles, N., Ludtke, R., Muus, K., Torkelson, D. (1990). An assessment and evaluation of Native American aging research for the IHS Aberdeen Service Area. Grand Forks, ND: The UND Rural Health Research Center.

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Training *(continued from page 4)*

ideas and plan how they would use the information they had learned when they returned home. Following a delicious meal, we were entertained by E.J. Satala, Coordinator of the Elderhostle Program in Prescott, AZ. He made us laugh, cry and look at the world in a whole new way. We received many positive comments, and viewed the First Annual Conference as a major success.

In conjunction with the National Indian Council on Aging (NICOA), IHS Elder Health Care Initiative, the University of Colorado Native Elder Health Care Resource Center, and the Minnesota Indian Council on Aging, we are proud to announce an upcoming conference. "Indian Country Long-Term Caregiver" is tentatively planned for November 1-3, 1997 in Duluth, Minnesota. This 2½ day conference will offer two tracks: one for CHRs and para-professional caregivers, and one for family and other non-professional elder caregivers. Be sure to watch future newsletters for more detailed information. In the mean time if you need information or if we can be of assistance to you, please call 1-800-896-7628.

Geller Resigns

Jack Geller, Ph.D., Research Director for the National Resource Center on Native American Aging, resigned his position effective January 15, 1997. Geller also withdrew from his duties as Director of the Center for Rural Health at the UND School of Medicine and Health Sciences in Grand Forks. He has assumed the duties of Director of Health Systems Research at Marshfield (WI) Health Systems. The staff at the Resource Center wish him the best of luck in his new position.

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